

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/				51			
2	/		/				52			
3			/				53			
4			/				54			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										